



HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Horiuchi	Anne	T.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
MultiState Associates Inc. on behalf of the Alliance of Automobile Manufacturers			703-684-1110
MAILING ADDRESS (Street)			FAX
515 King Street, Suite 300			703-684-7912
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Paul W. Hallman			703-684-1110
MAILING ADDRESS (Street)			FAX
515 King Street, Suite 300			703-684-7912
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
X Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Dane J. Horvuchi

(Signature of Lobbyist)

1/16/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Paul W. Hallman		President, Multistate Associates Inc.	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MultiState Associates Inc.		703-684-1110	
MAILING ADDRESS (Street)		FAX	
515 King Street, Suite 300		703-684-7912	
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Paul W. Hallman</u>		<u>12/16/04</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	